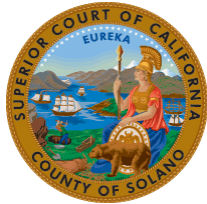


Solano County Superior Court

Dependency Drug Court Policy and Procedures



Superior Court of California, County of Solano
Hall of Justice
600 Union Avenue
Fairfield, California 94533
Revised June 19, 2018

Introduction

The Dependency Drug Court (DDC) is a nonadversarial voluntary program that was established in Solano County in 2001, as a result of a collaborative effort among Child Welfare Services (CWS), Dependency Counsel, County Counsel, and the Solano Superior Court (Court) with the assistance of grant providers. The program has evolved over the years into its current form.

The DDC program is a collaborative program of unique relationships that forge the DDC Team. The DDC Team includes, Solano Superior Court, County Counsel, Minor's Counsel, Participating Parents Attorneys, Child Welfare Services, and treatment service providers. The DDC Team utilizes the "Ten Key Components of a Drug Court," which promotes recovery through a coordinated response to a client's dependence upon alcohol and substances (Appendix A). The authority and personal involvement of the judge, in conjunction with the DDC Team, supports successful intervention and ultimately reunification of clients with their children.

Mission

The DDC program seeks to create a legal environment that promotes the parties' successful utilization of services in a non-adversarial setting. The Court and DDC Team, by using case management and intensive court monitoring, seek to keep participants engaged in community-based substance abuse treatment and reunification efforts.

Goals

The DDC program strives to achieve the following goals:

1. Decrease the incidence of child abuse and neglect;
2. Reduce client recidivism;
3. Reduce the amount of time a client waits for intensive treatment intervention services;
4. Reduce the amount of time a client's child(ren) spend in out of home care;
5. Increase the number of family reunifications;
6. Decrease the time to reach reunification; and
7. Decrease the time to establish permanency, if reunification efforts fail.

Eligibility

Any parent in Dependency Court who has a significant issue with drug abuse/dependency is eligible to participate in the DDC program. However, the parent

must have a child with an open dependency case in Family Maintenance or Family Reunification. A parent with a child under the age of three shall be given preference. Parents who are not willing to discontinue their use of medical marijuana are not eligible for the DDC program. Clients prescribed narcotic medication or who participate in a MAT maintenance programs will be reviewed by the DDC Team on a case-by-case basis to determine the client's amenability to the DDC program. Additionally, the DDC Team will also consider the following:

- The client must have a child with an active dependency case in Solano County;
- The client must be 18 years or older;
- The client's history of substance abuse;
- The client's motivation and admission of drug use;
- The client's mental health status;
- The client's resiliency; and
- The client's reunification and/or maintenance services ordered for the family.

Referral, Intake and Acceptance

The Referral, Intake, and Acceptance process tries to balance the competing needs of having a thorough assessment, finishing the jurisdictional hearings, and initiating services as early in the process as possible. A referred parent may receive services from the DDC Case Manager prior to the formal acceptance into the DDC program.

- **Referral:** Any attorney, social worker, community agency, self-referral, and the Court may refer a client for assessment into the DDC program by asking a DDC Case Manager to do an intake assessment.
- **Intake Assessment:** The DDC Case Manager shall assess the parent's suitability for admission into DDC program and initiate the process of acceptance.
- **Intake:** The DDC Case Manager shall:
 - Complete an intake form (Appendix B);
 - Obtain Releases of Information from the client;
 - Refer the client to a substance abuse assessment through the County of Solano for an assessment of treatment needs;
 - Place the matter on the DDC Intake Calendar;
 - Obtain a copy of the last court report and case plan from the social worker; and
 - Report to the DDC Team regarding the client's amenability to the DDC Program.
- **Acceptance:** The prospective DDC client shall be calendared up to two times prior to acceptance into the program.
 - The Dependency Court must take jurisdiction prior to the parent being accepted into the DDC program. However, the parent may receive services from the DDC Case Manager while waiting entry into the DDC program;

- A DDC Team Member may raise concerns/opposition about a client's eligibility, but the judicial officer shall make the final decision regarding the client's acceptance into the program;
- A client must be receiving Family Maintenance or Family Reunification;
- A client must be willing to attend drug court hearings, unless the client is in a residential treatment program;
- A client in a residential treatment program must be willing to provide status updates to the DDC Team and other participants on a regular basis; and
- A client must be willing to comply with treatment services.

Confidentiality

Under Federal law, information regarding substance abuse treatment is protected by the provisions of 42 United States Code (USC) Section 2990dd-2, and the regulations implementing these laws at 42 Code of Federal Regulations (CFR), Part 2. The DDC program has implemented several safeguards to protect this confidential information. All DDC clients entering the DDC program are required to complete the following forms:

- DDC Consent to Participate in the Dependency Drug Court Program (Appendix D);
- DDC Consent to Release Information (Appendix D (a));
- HIPPA Notice of Privacy Practices Acknowledgement (Appendix E);
- Notice of Privacy Practices (Appendix F);
- Multi-Party Consent Form (Appendix G); and
- Authorization to Obtain Information (Appendix H).

Treatment information and progress reports are kept separate from court files, by one or more of the methods described below:

- Placed in a yellow confidential folder enclosed in the court file;
- Maintained in a separate treatment file, located at DDC Case Manager or Treatment Provider's office; or
- Maintained in locked cabinets behind locked office doors.

Court Sessions

Case Staffing Meetings: Occur prior to the DCC calendar being heard, at which the DDC Team reviews and discusses each client's case. The DDC Case Manager provides a report regarding each client to the DDC Team during the Case Staffing Meeting. (Treatment provider reports are also included to the extent the report is provided by the treatment program.) The DDC Case Manager reports shall include but are not limited to the following sections: (Appendix I)

1. Treatment provider report;

2. Treatment plan requirements;
3. Drug testing results from treatment service provider;
4. Recovery plan requirements if applicable; and
5. Struggles and triumphs of the DDC client.

During the Case Staff Meetings, the DDC Team shall reach consensus on the following:

1. Intervention changes;
2. Compliance;
3. Rewards;
4. Sanctions;
5. Phases;
6. Graduation; and
7. Termination

Court Appearances: The DDC client's appearance in court shall be conducted in an informal and supportive manner. The hearings shall be closed to the public. However, all clients shall attend the hearings of the other participants and shall remain in the courtroom until all cases have been called unless excused in advance by the court. With the judicial officer's permission, a client may bring a support person with them during the DDC calendar.

During the DDC calendar, the DDC Case Manager shall give his or her report and state the recommendations of the DDC Team. The Court shall verify AA/NA signature forms as well as doctor verification forms. Comments by the Court, attorneys, or others may be made regarding the report and recommendations. However, remarks shall be made in a fashion that supports the participant's recovery and compliance in the DDC program. The Court shall impose incentives and sanctions as recommended by the Team. The Court may advance clients to phases, graduate, or terminate as recommended by the DDC Team.

Phases

Phases are a mechanism in which the DDC Team can track the length of time a client has participated in the DDC program as well as progress towards treatment goals. The DDC Case Manager will track client progress through the phases and make recommendations to the DDC Team regarding phase advancement. Clients may earn phase advancement by completing the tasks listed below.

Phase I: Three to Four Months

- Focus: Assessment and Stabilization; Belief Systems Explorations

Content:

- Detox if necessary;
- Develop individual treatment plan;
- Begin process of identifying personal goals;

- Initiate engagement in treatment services;
- Begin behaviors consistent with stabilization (e.g. ability to make and keep appointments, regular attendance at court hearings and treatment);
- Begin consistent compliance with visitation;
- Random drug testing;
- Weekly contact with DDC Case Manager;
- Attend 12 step program or its equivalent as directed;
- Maintain a period of sustained sobriety;
- Attend court hearings as directed; and
- Submit phase essay

Phase II: Three to Four Months

- Focus: Treatment and Foundation for the Future (Relapse Prevention);
Demonstrate Behavioral Changes

Content:

- Continue self-assessment work;
- Engage in treatment services;
- Develop a recovery plan as appropriate;
- Engage in group work with peers;
- Establish personal goals;
- Begin developing social network for recovery;
- Begin the process of developing plans for financial independence;
- Engage in CWS case plan including consistent compliance with visitation plan;
- Random drug testing;
- Weekly contact with DDC Case Manager;
- Attend court hearings as directed;
- Attend 12 step program or its equivalent;
- Maintain a period of sustained sobriety;
- Secure a clean and sober living environment; and
- Submit phase essay

- **Phase III: Three to Four Months**

- Focus: Treatment, Re-integration, Graduation, and Post-Graduation Aftercare

Content:

- Build social network for recovery (e.g. NA/AA involvement, church attendance, clean or sober leisure activities);
- Consistent compliance with visitation and CWS case plan;
- Engage in treatment services;
- Develop a recovery plan as appropriate;
- Demonstrate community involvement;
- Re-enforcing belief and behavioral changes;
- Establish plans for achieving financial independence;
- Weekly contact with DDC Case Manager;
- Attend court hearings as directed;
- Attend 12 step program or its equivalent;

- Develop and maintain a clean and sober support network;
- Random drug testing;
- Maintain a period of sustained sobriety;
- Submit phase essay;
- Apply for graduation; and
- Complete graduation essay

Drug Testing

All DDC clients will be randomly drug tested. (Appendix J)

Incentives and Sanctions

The DDC Team shall establish incentives and sanctions. (Appendix K)

Compliance

Each participant's matter will be reviewed for compliance with their respective treatment goals. To be considered "fully" compliant, the participant must attend court unless excused, test as directed, test "clean", demonstrate full compliance with his or her treatment program, attend the required number of twelve step meetings, and bring proof of such compliance to court. In the absence of required documentation; self reported relapse; positive drug or alcohol tests; or program compliance issues; the DDC Team shall discuss the participant's level of compliance and make every effort to determine if the participant is fully, partially, or non-compliant according to the issues presented. In the event there is no consensus among the DDC Team members, the Judge will determine the appropriate level of compliance and report that finding in open court.

Termination

"Unsuccessful Termination" may occur when the following factors are present:

- Consistent failure to test;
- Unexcused absences from court hearings;
- Failure to engage in treatment;
- Disengagement from DDC case management services; or
- Termination of reunification services.

"Termination with Progress" may occur when the following factors are present:

- The client has made substantial progress in recovery;
- CWS case is closed before DDC graduation requirements are met;

- The client has reunified with his or her children; or
- The client needs to focus on non-drug related case plan components.

Graduation

A DDC client may graduate upon meeting the following:

- Satisfactory participation in the DDC program;
- Have consistent court hearing appearances;
- Alleviation of drug-abuse behaviors;
- Knowledge of relapse triggers;
- Successful completion of drug treatment program;
- Establishment of a plan for the care of their child(ren) and self that addresses food, clothing and shelter;
- Has achieved a majority of personal treatment goals;
- Has a stable, clean and sober living environment;
- Has maintained a consistent period of sobriety; and
- Client submits DDC graduation application to the DDC Team. (Appendix L).

DDC Team Members and Their Roles

Judge:

- Supports the goals, practices and procedures of therapeutic jurisprudence;
- Preside over the DDC calendar;
- Conducts DDC Team meetings and staffings in a manner that promotes decisions by consensus;
- Serves as a spokesperson and advocate for the DDC program; and
- Acts as the final arbiter for decisions that cannot be reached by consensus.

Dependency Drug Court Case Manager:

- Conducts intake with potential clients;
- Ensure client's sign confidentiality release forms;
- Serves as the contact person for the DDC Team in its dealing with clients, community agencies, treatment providers, and any other person or entity related to DDC interventions;
- Manage, track and report the clients' progress from referral through after-care or termination;
- Serves as a point of contact for the DDC clients;
- Attends and reports at the Case Staffing Meetings;
- Attends monthly DDC Team meetings; and
- Provides data for reports.

Child Welfare Services:

- Supports the goals, practices and procedures of therapeutic jurisprudence;
- Serves as a resource to the DDC Team in recommending appropriate interventions;
- Develop service plans for clients in the DDC program that reflect their involvement in intensive services.
- Report to the DDC Team the clients' progress in meeting their case plans;
- Support and coordinate the integration of the clients' interventions with the needs of the client's children; and
- Attend Court Staffing and monthly DDC Team meetings.

Parent's Counsel:

- Supports the goals, practices and procedures of therapeutic jurisprudence;
- Provide counsel to clients who are unfamiliar with the goals, practices and procedures of therapeutic jurisprudence;
- Serves as a resource to the DDC Team in recommending appropriate interventions;
- Encourages their clients to follow the recommendations of the DDC Team; and
- Attend Court Staffing and monthly DDC Team meetings.

County Counsel:

- Supports the goals, practices and procedures of therapeutic jurisprudence;
- Serves as a resource to the DDC Team in recommending appropriate interventions; and
- Attends Court Staffing and monthly Team meetings.

Minor's Counsel:

- Supports the goals, practices and procedures of therapeutic jurisprudence;
- Serves as a resource to the DDC Team in recommending appropriate interventions; and
- Attends Court staffing and monthly DDC Team meetings.

Clinical Supervisor:

- Provides bi-weekly clinical supervision of each DDC Case Manager;
- Provides support to the DDC Case Manager;
- Serves as a resource to the DDC Team in recommending appropriate interventions; and
- Provides educational information to the DDC Team, which helps support the client's recovery.

Program Coordinator:

- Manages the DDC program operations ensuring that the DDC Team has the resources they need to serve the DDC clients;
- Seeks alternative funding sources;

- Supervises the DDC Case Manager;
- Conducts weekly client updates with the DDC Case Manager;
- Coordinates the DDC Team meetings, prepares the agendas, drafts and disburses the minutes;
- Collects data; and
- Writes narrative, statistical, and bi-annual reports for grants.

Team Meetings

The DDC Team meets once a month to discuss program operations. The DDC Case Manager shall prepare an agenda and disburse it to the DDC Team prior to the Team Meeting. Minutes will be recorded and be distributed to the DDC Team after the meeting. From time to time, the DDC Team shall schedule a speaker to address issues pertinent to the activities of the DDC program.

Record Keeping and Grant Compliance

The DDC operational expenses are directly paid by grants and dedicated funding from Solano County Health and Social Services. Therefore, record keeping is a crucial component of the DDC program in order to secure future funding. Thus, it will be the responsibility of the DDC Case Manager to collect data regarding each client. The DDC Program Coordinator will analyze the data and develop reports for the DDC Team to review as they modify the DDC program.

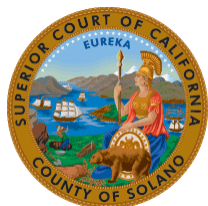
APPENDIX A

10-Key Components of a Drug Court

The DDC program utilizes the 10-Key Components of a Drug Court. However, the DDC program is founded on the principles of a family drug court model, so not all of the 10- Key components fit into the DDC program. In those instances where a key component does not fit the DDC program, a slight modification is made.

1. **Key Component #1:** Drug courts integrate alcohol and other drug treatment services with justice system case processing.
2. **Key Component #2:** Using a nonadversarial approach, the DDC Team promotes child and family safety while protecting participants' due process rights.
3. **Key Component #3:** Eligible participants are identified early and promptly referred to the drug court program.
4. **Key Component #4:** Drug courts provide access to a continuum of alcohol, drug, and other related treatment and rehabilitation services.
5. **Key Component #5:** Abstinence is monitored by frequent alcohol and other drug testing.
6. **Key Component #6:** A coordinated strategy governs drug court responses to participants' compliance.
7. **Key Component #7:** Ongoing judicial interaction with each drug court participant is essential.
8. **Key Component #8:** Monitoring and evaluation measure the achievement of the program goals and gauge effectiveness.
9. **Key Component #9:** Continuing interdisciplinary education of the DDC Team members promotes effective drug court planning, implementation, and operations.
10. **Key Component #10:** Forging partnerships among drug courts, public agencies, and community-based organizations generates local support and enhances drug court program effectiveness.

APPENDIX B



Superior Court of California, County of Solano Dependency Drug Court Program

Initial Screening Client Information

Today's Date: _____

Last Name		First Name		Middle Initial	
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Contact Phone		Work Phone		Ext.	
---------------	--	------------	--	------	--

Address Number		Street Name	
----------------	--	-------------	--

City		State		Zip Code		Whose Address	
------	--	-------	--	----------	--	---------------	--

Date of Birth		SSN#		Case #	
---------------	--	------	--	--------	--

Emergency Contact: Name: _____
 Relation _____ Phone: _____

Race:

Ethnicity:

Disability:

Gender: F M

A=White
 B=Black
 C=American Indian
 D=Alaskan Native
 E=Asian Indian
 F=Cambodian
 G=Chinese
 H=Filipino
 I=Guamanian

J=Hawaiian
 K=Japanese
 L=Korean
 M=Laotian
 N=Samoan
 O=Vietnamese
 P=Other Asian
 Q=Other Race
 R=Mixed Race

1=Not Hispanic
 2=Mexican/Mexican Amer.
 3=Cuban
 4=Puerto Rican
 5=Other Latin American
 6=Other Hispanic

000=None
 001=Blind/Visual
 002=Deaf/Hearing
 003=Speech
 004=Physical/Mobility
 005=Developmental
 006=Other (diabetes,
 007=Mental Impairment



APPENDIX B

**Superior Court of California, County of Solano
Dependency Drug Court Program**

Intake Screening Continued

What does the client want help with?

Alcohol/Drugs Legal Psychosocial Family Voc/Ed

Health, Dental and Sexuality Describe: _____

How long has this been occurring (months)? _____

How severe is this? Mild Moderate Severe

Marital Status	1=Never	4=Divorced
	2=Now	5=Separated
	3=Widow	6=Unknown

Single Parent?
Y N

Pregnant Now?
Y N

Due Date:

How many children are living in your household? _____

How many children do you have ages 0-5? _____

How many children do you have ages 6-12? _____

How many children do you have ages 13-18? _____

What schools do your children attend? _____

Who is/are your child/children's teacher(s)? _____

What grade(s) are your child/children in? _____

Do you or your children have a need for a literacy program? _____

What is the highest grade you completed? _____

Income

Y	N	Low Income (Public assistance./Free lunch programs)
Y	N	Is this person homeless?
Y	N	Is this person on SDI or SSI?
Y	N	Is this person a Cal Works recipient?

Substance Abuse

Y	N	Alcohol problem past year?
Y	N	Drug problem past year?
Y	N	IV drug use past year?
Y	N	Family alcohol/drug use?

Has client been admitted for Drug Detox/Maintenance? _____

If yes, when, where, why and how long? _____

Has client been admitted to an Outpatient Drug Free Program? _____

If yes, when, where, why and how long? _____

Has the client been admitted to a Drug Residential Treatment Program? _____

If yes, when, where, why and how long? _____

Has the client been admitted to an Alcohol Treatment Program as an inpatient and/or outpatient? _____

If yes, when, where, why and how long? _____

Arrests last 24 months?

At the time of the arrest(s) was the client on drugs or alcohol? _____

What were the offenses? _____

Does the client have any actions or court hearings pending? _____

Legal Status	1=None	5=Diversion	If legal status is 2-7, then what was the sentence? _____ _____
	2=Parole/CDC	6=Incarcerated	
	3=Parole/Other	7=Diversion	
	4=Probation		

Does client have insurance? _____

If yes, what is the name of the insurance, card number, and issue date? _____

Where does the client receive medical treatment services?

Does the client have a primary care doctor? _____

If yes, what is the name of the doctor and their location? _____

Name, age, gender, birthdates, and relation of all the adults in the household? _____

Name, age, gender, birthdates, and relation of all children in the household? _____

History

So that we can better serve you and meet your needs, please answer the following questions:

1. Have you or has anyone in your family had any kind of mental illness, been hospitalized or had any counseling or therapy in the past? _____

2. Have you or has anyone in your family ever attempted suicide or felt very depressed?

If yes to Q2, then does this person have a support system? _____

3. Are you or does anyone in your family have a history of problematic alcohol or drug use, or had any treatment for drug use?

4. Has there been any history of violence in your family? _____

Case Manager's Signature: _____ Date: _____



APPENDIX C

Consent to Participate in the Dependency Drug Court Program

DDC Client: _____

The above individual has met with their Dependency Drug Court (DDC) Case Manager to review the DDC program policies and procedures pertaining to clients' participation in the program.

I understand that I have the continuing right to an explanation of the services to be given. I understand that I may voice any dissatisfaction through the DDC Case Manager, my attorney, or the DDC Project Director.

I further understand that my records are confidential and will not be released to outside individuals or agencies without my written consent. However, I realize that certain information may be released without my consent under the following circumstances:

1. Upon receipt of a subpoena or Court order;
2. In the event of a medical emergency;
3. If there is reasonable suspicion or evidence of child abuse;
4. If there is reasonable suspicion or evidence of elder or dependent adult abuse;
5. When a serious threat of physical harm is made towards a reasonably identifiable person(s); or
6. Threat to a federal official.

I understand that when I disclose personal/private information that is normally kept confidential in a client/therapist therapeutic relationship, it will be shared with the DDC Team which includes the judicial officer, county counsel, my attorney, my DDC Case Manager, and my social worker only for the purposes of enhancing treatment services; addressing socioeconomic needs, and that the personal/private information will not be aired in open Court. DDC sessions are not open to the public, but I have the right to bring a support person with me.

I do understand that the following issues are examples of, but not limited to, topics that may be addressed in Dependency Drug Court.

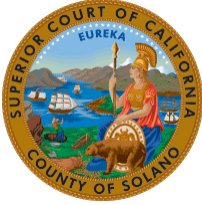
1. Treatment Program, Attendance, Missed Sessions and Level of Participation
2. Drug Testing: Dates, and Results;
3. Recommendations, Incentives and Sanctions;
4. Participation with 12-Step Meetings;
5. Employment and Housing;
8. Any new criminal charges

Drug Court Participant

Date

DDC Case Manager

Date



APPENDIX D

**Consent to Release Information
Dependency Drug Court**

I, _____, give permission to Solano Superior Court’s Dependency Drug Court to release the following information to:

The Dependency Drug Court Team, Superior Court of California, County of Solano;
&
The Medical Utilization Review Committee of Solano County.

SPECIFIC INFORMATION TO BE RELEASED: Clinical Data: Diagnosis, Assessment, Medical History, Treatment Plan and Progress Notes.

PURPOSE OF THE INFORMATION: To determine appropriate treatment while in Dependency Drug Court.

This information may not be shared with anyone other than as specified above according to W&I Code 5328. I understand that I may revoke this consent at any time by informing the above parties in writing. If not previously revoked, this consent will terminate upon duration and/or completion of DDC program(s), or shall expire on _____, or one year from the date entered below.

REVOCAION: This Authorization is also subject to written revocation by the undersigned at any time between now and the disclosure of information by the disclosing party. My written revocation will be effective upon receipt, but will not be effective to the extent that the Requester or others have acted in reliance upon this Authorization.

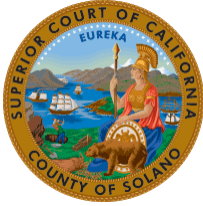
REDISCLASURE: I understand that the requestor may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

In consideration of this consent, I hereby release the above parties from any legal liability for the release of this information.

Client Signature _____ Date _____

(Parent or Guardian’s or Authorized Representative Signature) Date _____

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.



APPENDIX E

**HIPAA Notice of Privacy Practices
Acknowledgement of Receipt**

Client's Name: _____

By signing this form, I acknowledge receipt of the *Notice of Privacy Practices* of Superior Court of California, County of Solano. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to fully read the attached document.

Our *Notice of Privacy Practices* is subject to change. If we change our notice, you may obtain a copy of the revised notice by contacting our organization.

If you have any questions concerning our *Notice of Privacy Practices*, please contact your assigned Dependency Drug Court Case Manager:

I acknowledge receipt of the *Notice of Privacy Practices* of Superior Court of California, County of Solano.

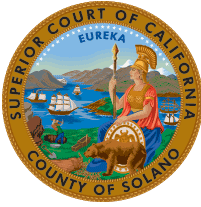
Client print full name: _____

Client signature (full name): _____

Date: _____

Signature of Court Representative: _____

Date: _____



APPENDIX F

Dependency Drug Court Program **HIPAA NOTICE OF PRIVACY PRACTICES**

Effective April 14, 2003

I. THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

II. WE HAVE A LEGAL DUTY TO SAFEGUARD YOUR PROTECTED HEALTH INFORMATION (PHI)

We are legally required to protect the privacy of your PHI, which includes information that can be used to identify you that we've created or received about your past, present, or future health or condition, the provision of health care to you, or the payment of this health care. We must provide you with this Notice about our privacy practices, and such Notice must explain how, when, and why we will "use" and "disclose" your PHI. A "use" of PHI occurs when we share, examine, utilize, apply, or analyze such information within our agency; PHI is "disclosed" when it is released, transferred, has been given to, or is otherwise divulged to a third party outside of our agency. With some exceptions, we may not use or disclose any more of your PHI than is necessary to accomplish the purpose for which the use or disclose is made. And, we are legally required to follow the privacy practices in this Notice.

However, we reserve the right to change the terms of this Notice and our privacy policies at any time. Any changes will apply to PHI on file with us already. Before we make any important changes to our policies, we will promptly change this Notice and post a new copy of it in our office. You can also request a copy of this Notice from us, or you can view a copy of it at any of our DDC sites.

III. HOW WE MAY USE AND DISCLOSE YOUR PHI.

We will use and disclose your PHI for many different reasons. For some of these uses or disclosures, we will need your prior authorization; for others, however, we do not. Listed below are the different categories of our uses and disclosures along with some examples of each category.

A. Uses and Disclosures Relating to Treatment, Payment, or Health Care Operations Do Not Require Your Prior Written Consent.

We can use and disclose your PHI without consent for the following reasons:

1. For treatment. We can disclose your PHI to physicians, psychiatrists, psychologists, and other licensed health care providers who provide you with health care services or are involved in your care. For example, if a psychiatrist is treating you, we can disclose your PHI to your psychiatrist in order to coordinate your care.

2. To obtain payment for treatment. We can use and disclose your PHI to bill and collect payment for the treatment and services provided by us to you. For example, we might send your PHI to your insurance company or health plan to get paid for the health care services that we have provided to you. We may also provide your PHI to our business associates, such as billing companies, claims processing companies, and others that process our health care claims.

3. For health care operations.

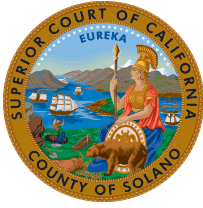
We can disclose your PHI to operate our agency. For example, we might use your PHI to evaluate the quality of health care services that you received or to evaluate the performance of the health care professionals who provided such services to you. We may also provide your PHI to our accountants, attorneys, consultants, and others to make sure we're complying with applicable laws.

4. Other disclosures.

We may also disclose your PHI to others without your consent in certain situations. For example, your consent isn't required if you need emergency treatment, as long as we try to get your consent after treatment is rendered, or if we try to get your consent but you are unable to communicate with us (for example, if you are unconscious or in severe pain) and we think that you would consent to such treatment if you were able to do so.

<p>B. Certain Uses and Disclosures Do Not Require Your Consent. We can use and disclose your PHI without your consent or authorization for the following reasons:</p> <p>1. When disclosure is required by federal, state or local law, judicial or administrative proceedings; or, law enforcement. For example, we may make a disclosure to applicable officials when a law requires us to report information to government agencies and law enforcement personnel about victims of abuse or neglect; or when ordered in a judicial or administrative proceeding.</p> <p>2. For public health activities. For example, we may have to report information about you to the county coroner.</p> <p>3. For health oversight activities. For example, we may have to provide information to assist the government when it conducts an investigation or inspection of a health care provider or organization.</p> <p>4. For research purposes. In certain circumstances, we may provide PHI in order to conduct medical research.</p> <p>5. To avoid harm. In order to avoid a serious threat to the health or safety of a person or the public, we may provide PHI to law enforcement personnel or persons able to prevent or lessen such harm.</p> <p>6. For specific government functions. We may disclose PHI of military personnel and veterans in certain situations. And we may disclose PHI for national security purposes, such as protecting the President of the United States or conducting intelligence operations.</p> <p>7. For workers' compensation purposes. We may provide PHI in order to comply with workers' compensation laws.</p> <p>8. Appointment reminders and health related benefits or services. We may use PHI to provide appointment reminders or give you information about treatment alternatives, or other health care services or benefits we offer.</p> <p>C. Certain Uses and Disclosures Require You to Have the Opportunity to Object.</p>	<p>1. Disclosures to family, friends, or others. We may provide your PHI to a family member, friend, or other person that you indicate is involved in your care or the payment for your health care, unless you object in whole or in part. The opportunity to consent may be obtained retroactively in emergency situations.</p> <p>D. Other Uses and Disclosures Require Your Prior Written Authorization. In any other situation not described in sections III A, B, and C above, we will ask for your written authorization before using or disclosing any of your PHI. If you choose to sign an authorization to disclose your PHI, you can later revoke such authorization in writing to stop any future uses and disclosures (to the extent that we haven't taken any action in reliance on such authorization) of your PHI by us.</p> <p>IV. THE RIGHTS YOU HAVE REGARDING YOUR PHI</p> <p>You have the following rights with respect to your PHI:</p> <p>A. The Right to Request Limits on Uses and Disclosures of Your PHI. You have the right to ask that we limit how we use and disclose your PHI. We will consider your request, but we are not legally required to accept it. If we accept your request, we will put any limits in writing and abide by them except in emergency situations. You may not limit the uses and disclosures that we are legally required or allowed to make.</p> <p>B. The Right to Choose How We Send PHI to You. You have the right to ask that we send information to you at an alternate address (for example, sending information to your work address rather than your home address) or by alternate means (for example, e-mail instead of regular mail). We must agree to your request as long as we can easily provide the PHI to you in the format you requested.</p> <p>C. The Right to See and Get Copies of Your PHI. In most cases, you have the right to look at or get copies of your PHI that we have, but you must make the request in writing. If we don't have your PHI but we know who does, we will tell you how to get it. We will respond to you within 30 days of receiving your written request. In certain situations, we may deny your request. If we do, we will tell you, in writing, our reasons for the denial and explain your right to have my denial reviewed.</p>
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<p>The Right to See and Get Copies of Your PHI,</p> <p>If you request copies of your PHI, we may charge you not more than \$.25 for each page. Instead of providing the PHI you requested, we may provide you with a summary or explanation of the PHI as long as you agree to that and to the possible cost in advance.</p> <p>D. The Right to Get a List of the Disclosures We Have Made.</p> <p>You have the right to get a list of instances in which we have disclosed your PHI. The list will not include uses or disclosures that you have already consented to, such as those made for treatment, payment, or health care operations, directly to you or to your family. The list also won't include uses and disclosures made for national security purposes, to corrections or law enforcement personnel, or disclosures made before April 15, 2003.</p> <p>We will respond to your request for an accounting of disclosures within 60 days of receiving your request. The list we will give you will include disclosures made in the last six years unless you request a shorter time. The list will include the date of the disclosure, to whom PHI was disclosed too (including their address, if known), a description of the information disclosed, and the reason for the disclosure. We will provide the list to you at no charge, but if you make more than one request in the same year, I/we may charge you a reasonable cost based fee for each additional request.</p> <p>E. The Right to Correct or Update Your PHI.</p> <p>If you believe that there is a mistake in your PHI or that a piece of important information is missing, you have the right to request that we correct the existing information or add the missing information. You must provide the request and your reason for the request in writing. We will respond within 60 days of receiving your request to correct or update your PHI. We may deny your request in writing if the PHI is (i) correct and complete, (ii) not created by us, (iii) not allowed to be disclosed, or (iv) not part of our records. Our written denial will state the reasons for the denial and explain your right to file a written statement of disagreement with the denial.</p>	<p>The Right to Correct or Update Your PHI,</p> <p>If you don't file one, you have the right to request that your request and my denial be attached to all future disclosures of your PHI. If we approve your request, we will make the change to your PHI, tell you that we have done it, and tell others that need to know about the change to your PHI.</p> <p>F. The Right to Get This Notice by E-Mail.</p> <p>You have the right to get a copy of this notice by e-mail. Even if you have agreed to receive notice via e-mail, you also have the right to request a paper copy of it.</p> <p>V. HOW TO FILE A COMPLAINT REGARDING A VIOLATION OF MY HEALTH INFORMATION.</p> <p>If you think that we may have violated your privacy rights, or you disagree with a decision we made about access to your PHI, you may file a complaint with the person listed in Section IV below. You also may send a written complaint to the Secretary of the Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 20201. We will take no retaliatory action against you if you file a complaint about our privacy practices.</p> <p>VI. THE PERSON TO CONTACT FOR INFORMATION ABOUT THIS NOTICE OR TO FILE A COMPLAINT ABOUT A VIOLATION OF MY HEALTH INFORMATION:</p> <p>If you have any questions about this notice or any complaints about our privacy practices, or would like to know how to file a complaint with the Secretary of the Department of Health and Human Services, please contact the following person:</p> <p style="text-align: center;">Contact your assigned Dependency Drug Court Case Manager Located at 600 Union Ave., Fairfield, CA. 94533</p> <p>VII. EFFECTIVE DATE OF THIS NOTICE</p> <p style="text-align: center;">This notice went into effect on April 14, 2003.</p>
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APPENDIX G

Multi Party Consent Form

I, _____, authorize
(Name of Client)

The Solano County Superior Court's Dependency Drug Court Program to disclose to the following persons or organizations:

Solano Superior Court	DDC Case Manager
_____	_____
Child Welfare Services	County Counsel
_____	_____
Treatment Program	Parent's Attorney
_____	_____
Parent's Attorney	AOD Assessor
_____	_____
Probation/Parole	DDC Case Manager Supervisor
_____	_____

The purpose of the disclosure authorization herein is to permit the participants in attendance at the DDC Case Management Conference to exchange information with one another pertaining to my case.

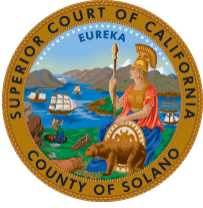
I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations. I also understand that I may revoke this consent at any time except to the extent that such action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

(Specification of the date, event, or condition upon which this consent expires)

Date: _____

Signature of Participant

Signature of DDC Case Manager



APPENDIX H

Authorization to Obtain Information

Consent for Release of Confidential Information and Authorization to Obtain Confidential Information:

I, _____ hereby authorize and request that the Superior Court of California, County of Solano's Dependency Drug Court (DDC) Program release, discuss, or obtain confidential information pertaining to my minor children or myself to:

- _____ Child Welfare Services
- _____ Solano County Counsel
- _____ Parent's Attorney
- _____ Parent's Attorney
- _____ Solano County Health and Social Services & Treatment Providers
- _____ Superior Court of California, County of Solano Staff
- _____ DDC Case Manager
- _____ (Other write in specific name of agency)

I understand that specific information to be obtained or released may include; Enrollment, attendance, health reports, intake reports, social history reports, attitude, progress, and drug test results, which will assist me in progressing forward in the DDC Program.

Print Full Name (Client)

_____ Date: _____

Signature Full Name (Client)

_____ Date: _____

Signature of Court Representative

**APPENDIX I
DDC CASE MANAGER REPORT**

<p>“300 DEPENDENCY DRUG COURT” CLIENT PROGRESS REPORT</p>
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Report drafted by _____ on _____ at _____.

Report period

From: *****	To: *****
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Client Data	
Client Name:	
Client Case #:	
Case Names:	
Clients' Attorney:	
Clients' Social Worker:	Phone number:
DDC Phase: Phase one	Date:
Admit Date:	Court Order date:

Program Compliance	
Exceptional/Acceptable/Unacceptable:	Bus pass/Gas card:
Other:	Whereabouts unknown:

AOD Tests		
Total Tests Req.:	Negative:	Positive:
Pending:	Failures:	No shows:
Previous Pend:	Positive:	Negative:

Treatment		
Program Name:	Counselor-	Clean date-
Program Type:	Entry Date:	
Tx sessions req.:	Tx sessions attended:	
Excused Absences:	Unexcused absences:	

Contacts		
Contacts req.:	Face to Face:	Missed:
Support Groups:		
Phone Contacts:		
Comments/Notes:		

APPENDIX J

Incentives and Sanctions

At each DDC Case Staffing Meeting, a DDC participants' progress will be evaluated as "acceptable, unacceptable or exceptional." Accordingly, the DDC team members will discuss and select appropriate incentives or sanctions. The decision regarding a particular incentive or sanction will be made by consensus of the DDC Team Members and assigned to the participant by the judicial officer during the DDC court appearance.

Incentives: may include, but are not limited to:

- Praise from the Bench;
- Inspirational tokens (ex) serenity stones or sobriety chips;
- Specific attribute certificates;
- Reduced court appearances;
- Milestone books;
- Gift cards; or
- Graduation celebration.

Sanctions: may include, but are not limited to:

- Admonition from the Bench;
- Assignment of essays on specific topics;
- Assignment to address the other DDC participants regarding a topic;
- More frequent court appearances;
- Additional AA/NA meeting; or
- Termination from the program.

APPENDIX K

DDC Graduation Application

Name:

Date:

DOB:

Address:

City:

Zip:

Phone numbers:

How long have you been in Dependency Drug Court?

How long have you been clean and sober?

Name of Employer?

How long have you been at this job?

Who do you live with?

Is this a sober living environment?

What have you learned while you have been in Dependency Drug Court?

How has Dependency Drug Court helped you?

What are your plans for the future?

Please describe your plans to maintain your sobriety:

APPENDIX L

Solano Dependency Drug Court Program Exit Survey

How satisfied are you with:

Mark your answer with an "X" or "✓"	Very Dissatisfied	Mildly Dissatisfied	Indifferent Don't care	Mildly Satisfied	Very Satisfied	No Answer
The amount of help you received						
Ease of access to program						
Ease of access to case manager						
Ease of access to probation/parole officer						
Ease of access to defense counsel						
Ease of access to appropriate treatment services						
Length of time between requesting and receiving services						
Treatment services received						
The outcome of your case						
Overall satisfaction with program						

How did you find out about Court program? (Check at least one)

- | | |
|--|---|
| <input type="checkbox"/> Child Welfare Services | <input type="checkbox"/> Community-Based Organization |
| <input checked="" type="checkbox"/> Solano County Counsel | <input type="checkbox"/> DDC Case Manager |
| <input type="checkbox"/> Parent's Attorney
Attorney Name: _____ | <input type="checkbox"/> Other Court staff |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Other Criminal Justice |
| <input type="checkbox"/> Family | <input type="checkbox"/> Other
Please list: _____ |
| <input type="checkbox"/> Treatment Provider | _____ |
| <input type="checkbox"/> Probation Officer | |

Overall, how helpful were your Court team members? (Circle one.)

Very helpful Helpful Neutral Not Very Helpful Not at All Helpful No Answer

Overall, how knowledgeable were your Court team members? (Circle one.)

Very Knowledgeable Knowledgeable Neutral Not Knowledgeable Very Not Knowledgeable

Who was your treatment provider? _____

How would you rate the quality of the treatment service you received? _____

(Poor = 1, Fair = 2, Good = 3, Very Good = 4, and Excellent = 5)

Did you get the kind of treatment service you wanted? (Circle one.)

(No, definitely not No, not really Neutral Yes, generally Yes, definitely)

To what extent has your treatment program met your needs? (Select one.)

- None of my needs have been met
- Only a few of my needs have been met
- Most of my needs have been met
- Almost all of my needs have been met
- Other. Please explain: _____

Have the services you received helped you to deal more effectively with your problems? (Check one.)

- No, they seemed to make things worse
- No, they really didn't help
- Yes, they helped somewhat
- Yes, they helped a great deal
- No answer/no change

Do you feel the services you received in treatment were sensitive to your cultural background/needs? (Check one.)

- No, definitely not
- No, I don't think so
- Yes, I think so
- Yes, definitely

Do you feel the services you received in treatment were sensitive to your gender needs (Man, Woman, Other)? (Check one.)

- No, definitely not
- No, I don't think so
- Yes, I think so
- Yes, definitely

To what extent has our Court program met your needs? (Check one.)

- None of my needs have been met
- Only a few of my needs have been met
- Some of my needs have been met
- Most of my needs have been met
- Almost all of my needs have been met)

If a friend were in need of similar help, would you recommend our Court program to him or her? (Check one.)

- No, definitely not
- No, I don't think so
- Maybe
- Yes, I think so
- Yes, definitely)

If you were to seek help again, would you come back to our program?

- No, definitely not
- No, I don't think so
- Yes, I think so
- Yes, definitely